

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/04/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/21/2011
NAME OF PROVIDER OR SUPPLIER REGENCY CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1550 RAYDALE DR LOUISVILLE, KY 40219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Amended Statement of Deficiencies An abbreviated survey investigating KY #16058, KY #16078, KY #16124, KY #16057 and KY #16076 was initiated on 04/19/11 and concluded on 04/21/11. KY #16058, KY #16076 and KY #16078 were found to be unsubstantiated with no regulatory violations. KY #16124 and KY #16057 were found to be unsubstantiated with regulatory violations with the highest S/S of a "D".	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Regency Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."		
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.	F 278	F278 Resident #3's MDS was reviewed by the Director of Nursing and MDS Coordinator and accurately reflects resident status as of 4/27/2011. Resident #8 is no longer a resident at the facility. M3 per facility 05/10/11 An audit of current resident's MDS assessments will be completed on or before 5/16/11 by a MDS Coordinator, employed by the facility. Identified residents will have a MDS completed that accurately reflects current resident status on or before 5/16/11.		05/16/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

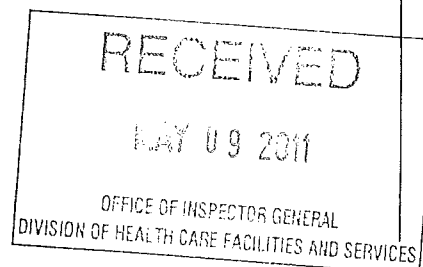
(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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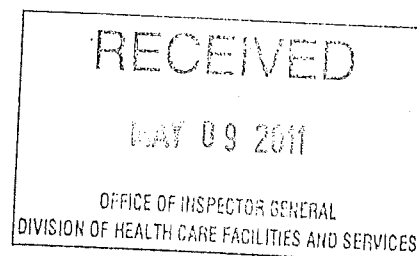
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F 278	Continued From page 1 Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined the facility failed to assure the accuracy of the Minimum Data Set (MDS) assessment for two (2) of eight (8) sampled residents (#3, #7). Resident #3 was marked as having insulin injections for seven days when the physician orders did not indicate any insulin ordered. Resident #7 did not have behaviors assessed and documented for the initial MDS conducted. The findings include: Review of the Resident Assessment Instrument User Manual 3.0 revealed the following: 1. Review the resident's medication administration records for the 7-day look-back period (or since admission/reentry if less than 7 days). 2. Review documentation from other health care locations where the resident may have received injections while a resident of the nursing home (e.g., flu vaccine in a physician's office, in the emergency room - as long as the resident was not admitted). 3. Determine if any medications were received by the resident via injection. If received, determine the number of days during the look-back period they were received. 4. Review medical record documentation during	F 278	MDS Coordinator #1 is no longer employed at the facility. The current MDS Coordinator and Interdisciplinary Team (consisting of Administrator, Director of Nursing, Social Services Director, Activities Director, Dietitian and Therapy Program Manager) were re-educated by the Regional Reimbursement Coordinator on accurate MDS assessment on 5/4/11 and 5/10/11, anyone unable to receive education on these dates will receive it on or before 5/16/11. Five (5) MDS assessments will be reviewed each week for four (4) weeks and then ten (10) MDS assessments will be reviewed each month for three (3) months. This review will be conducted by available Interdisciplinary Team Members (consisting of Administrator, Director of Nursing, Social Services Director, Activities Director, Dietitian and Therapy Program Manager). Identified issues will be corrected. Audit and compliance results will be reported monthly to the Performance Improvement Committee by the Administrator. Ongoing review may occur based upon these results.		



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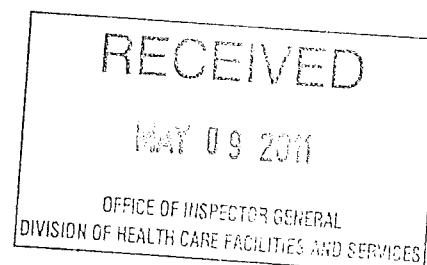
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F 278	<p>Continued From page 2</p> <p>the 7-day look-back period to determine the resident's baseline status, fluctuations in behavior, and behaviors that might have occurred during the 7-day look-back period that were not observed during the Brief Interview for Mental Status (BIMS).</p> <p>5. Interview staff, family members and others in a position to observe the resident's behavior during the 7-day look-back period.</p> <p>Record review revealed the facility admitted Resident #3 on 01/22/10 with diagnoses of Atrial Fib, Hypertension, Persistent Mental Disorder, Esophageal Reflux, Type II Diabetes, Bundle Branch Block and Pneumonia. Review of MD orders and the medication administration records indicated Resident #3 had not received any Insulin.</p> <p>Interview with LPN #1 on 04/21/11 at 11:00am revealed Resident #3 is a diabetic but diabetes is controlled with diet. LPN #1 stated Resident #3 had not been on any medication for diabetes for at least the last six months since his/her date of hire.</p> <p>Interview with the MDS Coordinator #1 on 04/21/11 at 1:25pm revealed both MDS coordinators had just been hired within the last five months. Stated she can not explain why she indicated Resident #3 had received Insulin when he had not. She stated it was just a mistake.</p> <p>Interview with the Director of Nursing (DON) on 04/21/11 at 3:40pm revealed accuracy of the MDS is the responsibility of the person who is assessing and inaccurate information would</p>	F 278			



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F 278	<p>Continued From page 3</p> <p>make that portion of the MDS inaccurate, which could effect the resident's care plan. The DON stated the facility had two (2) relatively new MDS coordinators and they were oriented by the regional MDS coordinator.</p> <p>Resident #7 was admitted to the facility on 01/13/11 with diagnoses of Cerebral Vascular Accident (CVA), Diabetes Mellitus, Obesity, Chronic Kidney disease, Hypertension, Dementia, and Alzheimers disease. The resident was coded on his/her initial MDS dated 02/01/11, with no behavioral symptoms in the last seven (7) days that may cause distress to the resident, or may be distressing or disruptive to facility residents, staff members or the care environment. Further review of the nursing care plan dated 01/13/11 revealed history of aggressive behavior. Review of the nursing notes on 01/19/11 revealed documentation of altercation with another resident.</p> <p>Interview with MDS Coordinator #1 on 04/20/11 at 3:10pm revealed her initial assessment regarding behavior is gathered from family, staff, and observation. She further revealed the resident had exhibited behaviors during the seven (7) days look back period and Resident #7 was assessed incorrectly on the initial MDS.</p> <p>Interview with the Director of Nursing (DON) on 04/21/11 at 3:40pm revealed accuracy of the MDS is the responsibility of the person who is assessing and inaccurate information would make that portion of the MDS inaccurate, which could affect the residents care plan. The DON further stated the facility had two relatively new MDS coordinators and they were oriented by the</p>	F 278			



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F 278	Continued From page 4 Regional MDS Coordinator. She stated the MDS coordinators report directly to the Administrator.	F 278			

